

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587974

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
			IND.	DEP.	IND.	DEP.	
	IND.	DEP.					
1	1		1				
2		1	1				
3		8	1				
4		1	1				
5	1		1				
6		1	1				
7		2	1				
8		1	1				
9	1		1				
10	1		1				
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.			3				
TOTAL DEP.			3				
TOTAL CLAIMS			10				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
			IND.	DEP.	IND.	DEP.	
	IND.	DEP.					
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							